

L23000201915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

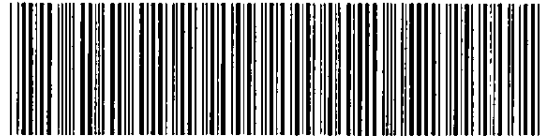
(Business Entity Name)

(Document Number)

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07/10/23--01007--019 **25.00

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2023 JUL 10 AM 8:45

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRESTVIEW PROCUREMENT SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANKOOR NAIK
Name of Person
Firm/Company
51 CRAGWOOD RD, STE 105
Address
SOUTH PLAINFIELD NJ 07080
City/State and Zip Code
ANKOOR.NAIK@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANKOOR NAIK at (**732**) **207-8646**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2023 JUL 10 AM 8:45

CRESTVIEW PROCUREMENT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/24/2023 and assigned Florida document number L23000201915.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4999 34TH ST N, APT #301

(Principal office address MUST BE A STREET ADDRESS)

ST PETERSBURG, FL 33714

Enter new mailing address, if applicable:

51 CRAGWOOD RD STE 105

(Mailing address MAY BE A POST OFFICE BOX)

SOUTH PLAINFIELD, NJ 07080

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

City

_____, *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANKOOR NAIK	51 CRAGWOOD RD. STE 105	<input checked="" type="checkbox"/> Add
		SOUTH PLAINFIELD NJ 07080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	PAREKH, ANUJ	51 CRAGWOOD RD STE 105	<input type="checkbox"/> Add
		SOUTH PLAINFIELD, NJ 07080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVE ANUJ PAREKH AS AS AUTHORIZED REPRESENTATIVE AND ADD ANKOOR NAIK AS A
MANAGER.

CHANGE PRINCIPAL AND MAILING ADDRESS.

E. Effective date, if other than the date of filing: 06/28/2023 (optional)

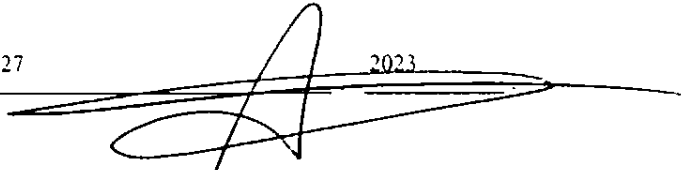
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 27

2023



Signature of a member or authorized representative of a member

ANKOOR NAIK

Typed or printed name of signee